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PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P09283** (3)

1. Corporation Name
HOYT ADVISORY SERVICES, INC.

Principal Place of Business	Mailing Address
THE HOYT CENTER SUITE 300 760 US HWY ONE N. PALM BCH. FL 33408	THE HOYT CENTER SUITE 300 760 US HWY ONE N. PALM BCH. FL 33408-4419

3. Date Incorporated or Qualified: 02/28/1986
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 52-1442963 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SELDIN, MAURY
THE HOYT CENTER SUITE 300
760 US HWY ONE
N. PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SELDIN, MAURY		1.2 NAME	
STREET ADDRESS	5380 N OCEAN DR II-14J		1.3 STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLAND FL 33404		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RACSTER, RONALD L		2.2 NAME	
STREET ADDRESS	1775 COLLEGE RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43210		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, HALBERT C		3.2 NAME	
STREET ADDRESS	1650 NW 22ND CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605		3.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, THOMAS L		4.2 NAME	
STREET ADDRESS	801 PENNSYLVANIA AVE NW STE 800		4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20004		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Ronald L. Racster 3/11/97 561-694-7621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0301762